

## 2015 Town of Islip Pool Membership Application

All pool members must have a current recreation card. Proof of age is required at time of registration.

<b>Location of Pool Membership: (check one)</b> <input type="checkbox"/> Byron <input type="checkbox"/> Hidden Pond <input type="checkbox"/> Casamento	<b>Type of Membership: (check one)</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Resident Family  <input type="checkbox"/> Resident Individual  <input type="checkbox"/> Non-Resident Family  <input type="checkbox"/> Non-Resident Individual         </div> <div> <input type="checkbox"/> Senior Citizen Family  <input type="checkbox"/> Senior Citizen Individual  <input type="checkbox"/> Handicapped Family  <input type="checkbox"/> Handicapped Individual         </div> </div>
<p>Pool members are entitled to use the Spray Park along with any pool in the Town of Islip.</p> <p>Add a guest for \$50, includes babysitters, grandchildren on senior membership, or child 22 years an older who live in the pool member household.</p> <p>Contact the Sports Office to obtain a guest form, 631-224-5404. GUESTS CANNOT REGISTER FOR SWIM LESSONS. MAXIMUM 3 PER MEMBERSHIP.</p> <p><b><u>NO REFUNDS WILL BE ISSUED AFTER JULY 10, 2015</u></b></p>	

Family Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Spouse #1 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sticker \_\_\_\_\_  
 (for official use only)

Spouse #2 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sticker \_\_\_\_\_  
 (for official use only)

Child's Name	Gender	Date of Birth	Sticker # (for official use only)

List any medical limitations \_\_\_\_\_

I have read and understand the rules and regulations of the Town of Islip pool facilities, and that the use of the pool facilities is strictly at my own risk. I accept all conditions as stated therein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment: Cash _____		Check _____	Visa/MasterCard _____
Visa/MasterCard #: _____	3-Digit Security Code: _____	Billing Zip Code: _____	Exp. Date: _____
Signature of Card holder _____		Date _____	

FOR OFFICE USE ONLY:      Receipt # \_\_\_\_\_      Date Received \_\_\_\_\_      Cashiers Initials \_\_\_\_\_

## Town of Islip Pool Member Discounted Swim Lesson Application

SWIM LESSON INFORMATION CAN BE FOUND ON PAGES 5-8

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Check One:      Byron \_\_\_\_\_      Hidden Pond \_\_\_\_\_

Section Letter Choice

Participants Name	Age	Date of Birth	Swim Level	Activity #	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Location/Site	Fee
(Example) Jane Doe	8	00/00/0000	Level 3	110104	R	S	X	Byron	\$ 30

A swim test will be given the first day of class to verify that you are in the appropriate swim level.

List any medical limitations \_\_\_\_\_

Parent/Guardian Signature if registering a child \_\_\_\_\_ Date \_\_\_\_\_

## TRIP REGISTRATION FORM

THIS APPLICATION IS NOT VALID UNLESS RELEASE IS SIGNED ON THE BOTTOM OF THIS PAGE

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Trip Name	Trip Date	Travel Companion	Fee
		GRAND TOTAL	

3-Digit Security Code \_\_\_\_\_

- \* One form per person
- \* Please call 224-5430 to reserve your spot before mailing
- \* Make checks payable to Town of Islip
- \* Mail registrations and payments to: Town of Islip  
50 Irish Lane  
East Islip, NY 11730

-42-

<b>Islip Arts Council School of Cultural Arts - PROGRAM REGISTRATION FORM</b>			
For mail-in registrations only, make checks payable to the Islip Art Council			
or <b>MasterCard, Discover, Visa or American Express</b> charge card number to:			
Islip Art Council, 50 Irish Lane, East Islip, NY 11730. (Please feel free to duplicate this form).			
PLEASE PRINT			
<b>REGISTRATIONS ARE NON-REFUNDABLE</b>			
Registrant Name: _____		Date of Registration: _____	
Address: _____		Town: _____ Zip Code: _____	
Home Phone: _____		Cell Phone: _____	
E-Mail Address: _____			
<b>Registrant Name:</b>	<b>Program</b>	<b>Session</b>	<b>Time</b>
			<b>Class Fee:</b>
Parent or Guardian permission signature if registering a child: _____			
<b>METHOD OF PAYMENT:</b>			
Check #: _____	Charge: _____	Cash: _____	<b>Total Amount:</b> _____
<b>Please check one:</b>			
_____ MasterCard Account No.: _____			Expiration #: _____ CVC #: _____
_____ American Express Account No.: _____			Expiration #: _____ CVC #: _____
_____ Visa Account No.: _____			Expiration #: _____ CVC #: _____
_____ Discover Account No.: _____			Expiration #: _____ CVC #: _____
Signature: _____			
<b>OFFICE USE ONLY:</b>	<b>Receipt #:</b> _____	<b>Date Received:</b> _____	<b>Process by:</b> _____

**Town of Islip Department of Parks, Recreation & Cultural Affairs**  
**Program & Camp Registration Form**

For all mail-in and walk-in registrants. Be sure to check your program information before registering.

**PLEASE SIGN THE WAIVER & PERMISSION SLIP AT THE BOTTOM OF THE PAGE**

**ONE CHILD PER REGISTRATION FORM –YOU CAN MAKE PHOTOCOPIES FOR ADDITIONAL CHILDREN/ PROGRAMS**

Adult/Parent's Name \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent # 1 Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Parent # 2 Cell Phone \_\_\_\_\_ Emergency Name \_\_\_\_\_

Participant's Name	Gender	Age	Date of Birth	Program	Activity #	Session Letter Choice				Location/Site	Time	Fee
						1st	2nd	3rd	4th			

**Participant's Grade as of Sept. 2014:** \_\_\_\_\_ You must enclose a copy of the most updated progress report. **ONLY** when registering for a grade specific program.

Medical information (medication, allergies, etc...) \_\_\_\_\_

Birth Certificate on file? Yes \_\_\_\_\_ No \_\_\_\_\_ (if no please enclose a copy, only applies if the registrant is under 18 years of age)

Current Recreation Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Method of Payment Check \_\_\_\_\_ Cash \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

Mastercard/VISA Account No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

**WAIVER & PERMISSION SLIP**

In consideration of being permitted to participate in Town of Islip programs the undersigned, for myself, successors, heirs and assigns agree that the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointee or contract vendee may take a photograph image or video graph image of myself/children and publish or print said images in any format whatsoever including publication on the internet, the Town of Islip website or any other form of media, including print media without compensation to the undersigned. The undersigned shall not receive any compensation for their participation in this program or from the use or sale of the media set forth above. I further hereby give permission for the above registered child/children to accompany the Recreation Department on the local trips. I understand that in case on inclement weather some outdoor trips may be canceled. I will have my child/children abide by the rules and policies of the Town of Islip. My consent is given with the understanding that the group will be escorted by recreation staff. The Town of Islip reserves the right to refuse entrance or eject any person whose conduct management deems to be disruptive or in poor taste and will not accept responsibility for damaged or lost personal items. I authorize my child to carry and use over the counter FDA approved sunscreen products and understand they will apply it themselves. In consideration of being permitted to participate in Town of Islip programs, the undersigned, for myself, successors, heirs and assigns releases and forever discharges the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointee or contract vendee, from all losses, claims, damages, actions or judgments I may have or claim to have against the Town of Islip or any party mentioned above, for all personal injuries, including death and injuries to property, whether real or personal, caused by or arising out of my participation in Town of Islip programs. I further agree for myself, successor, heirs and assigns to indemnify and hold harmless the Town of Islip and all parties mentioned above, from all losses, claims, damages, suits, actions or judgments for personal injuries, including death, and damages to property whether real or per, and from all losses, claims, damages, actions and judgments recovered and from all expenses incurred in defending said claims or suits, including reasonable attorneys fees, costs and disbursements.

Signature of \*Parent/\*Guardian/Registrant \_\_\_\_\_ Date \_\_\_\_\_

(\*Signature of parent/guardian is required if registrant is under 18 years of age)